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ABSTRACT

The purpose of this study was to assess pediatric nurses' knowledge of children's psychosocial development as affected by the child's illness and hospitalization and as related to provision of nursing care. A 25-item questionnaire was designed to measure pediatric nurses' knowledge of child development on the conceptual dimensions of knowledge of play development, concept of time, awareness of surgical preparation, and psychosocial and psychosexual development across the four stages of childhood (infancy, toddlerhood, preschool, and school-age). Validity of the instrument was assessed by submitting it to a panel of pediatric nursing experts. A total of 70 subjects at four hospital facilities in the Los Angeles area participated in the study. None of the attribute variables (age, level of education, or type of hospital unit) was significantly related to level of knowledge as revealed in percentage of correct/incorrect responses. Results indicated that a knowledge gap exists in content areas related to the psychosocial development of children. (A selected sample of items from the psychosocial questionnaire is included.) (RH)

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PEDIATRIC NURSES' KNOWLEDGE OF PSYCHOSOCIAL DEVELOPMENT

Paper presented at
ACCH 19th Annual Conference
Balancing Needs and Resources
Houston, Texas
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Hospitalization of the ill child presents a unique challenge to the health care provider who must integrate nursing knowledge within a developmental framework to meet the needs of the growing child. Children, as they grow and develop, require discriminative nursing interventions based upon children's emotional and cognitive capacities in order to interact adaptively with the hospital environment. Knowledge of age-appropriate development serves as the foundation for effective implementation of the nursing process (assessment, planning, intervention and evaluation) to facilitate the child's adaptation to the demands imposed by hospitalization.

The profusion of scientific documentation regarding the emotional needs of children has become and continues to be a focal area of interest for pediatric nurse clinicians and researchers. As the ANA report on Standards on Maternal-Child Health Nursing Practice (p. 4, 1973) has asserted, the primary goals of pediatric nursing care include promotion and maintenance of optimal health of each individual and family unit; improvement and support of family solidarity; prevention and early detection of deviations from health and assistance provided to families to understand and/or cope with the developmental and traumatic childbearing and childrearing. The goals and objectives set forth by the Maternal-Child Division of ANA have been instrumental in the development of pediatric curriculum content which places significant emphasis on the developmental and psychosocial needs of pediatric patients. Perusal of pediatric nursing journals and textbooks substantiates the ever-growing attention to the broad encompassing psychosocial needs of hospitalized and ill children. This area of pediatric nursing is dynamic, reflecting current sociocultural, political and economic trends.

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Given the aforementioned areas of topical interest in pediatric nursing research and literature, what is the actual state of the art and clinical practice? That is, are these theories, concepts and numerous other areas of data relevant to promoting optimal care of children actually being incorporated into the practice of the bedside pediatric nurse? Conflicting data exist in an attempt to answer that question. Pidgeon and Sander (1982) found that nurses perceived the provision of psychosocial emotional support to be the most important nursing function. Several research studies (Fagin & Nusbaum, 1978; Hardgrove & Kermoian, 1978; Taylor, 1980) reveal that a gap exists between recommendations for psychosocial care found in current pediatric nursing literature and the actual state of practice.

The purpose of this study was to assess pediatric nurses' knowledge of children's psychosocial development as it is impacted by the child's illness and hospitalization and related to provision of nursing care. This knowledge was assessed by quantifying psychosocial concepts on a number of dimensions.

A twenty-item questionnaire was designed to measure pediatric nurses' knowledge of child development on five conceptual dimensions. The conceptual dimensions included the following: knowledge of play development, concept of time, surgical preparation as well as stages of psychosocial and psychosexual development across the four stages of childhood (infancy, toddlerhood, preschool and school age).

Validity of the instrument was assessed by submitting it to a panel of pediatric nursing experts. The self-administered questionnaires were

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administered to pediatric nurses in four hospital facilities in the Los Angeles area. The sites included two pediatric facilities and two metropolitan medical centers with pediatric departments.

A total of 70 subjects participated in the study. Sample demographic characteristics are listed in Table 1. Responses to questions assessing nurses' knowledge of growth and development indicated that a deficit in the information base exists. Tabulation of error responses were consistent in all five categories of development spanning the four phases of childhood. Percentages of errors measuring dimensions of development were as follows: surgical preparation (51.4%); psychosexual development (43.2%); psychosocial development (50%); play development (41.4%) and understanding of time (33.9%).

In addition, responses were analyzed according to developmental level. Tabulation of response errors according to age groups was as follows: infancy (41.7%); pre-schooler (46.9%); toddler (44.6%); and school age (42.9%). Summary of findings are listed in Table 2.

A two-tailed Spearman Correlational Coefficient revealed that there was no significant ($p _ 0.5$) association identified according to age or level of education and responses of the pediatric nurses. A one-way ANOVA revealed that there was no significant difference ($p _ 0.5$) between specialty groups and responses.

In summary, none of the attribute variables (age, level of education or type of unit) was significantly related to level of knowledge as revealed in percentage of correct/incorrect responses.

The results of this study indicate that a knowledge gap exists in content areas related to the psychosocial development of children.

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There are a variety of explanations which could account for the findings:

1. Time interval between the sequencing of pediatric course content in nursing schools and actual employment in the pediatric facility may have been considerable. Pediatric content may have been forgotten during the ensuing period of time because of lack of reinforcement of learned content.
2. Limited opportunities available for supervised application of developmental principles to pediatric nursing care.
3. Outcome of the situational constraints imposed by the demands and needs emanating from within the institution itself, resulting in burdensome nurse-patient ratios, disproportional balance of registered and ancillary nursing personnel assigned to the unit as well as limited resources for staff development programs.

It may be that the tool was not sensitive in measuring the nurses' knowledge of pediatric psychosocial content. Use of reliability procedures would have enhanced the credibility of the findings. Replication of this study would add support to the investigation results.

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Selected Sample of Items from Psychosocial Questionnaire

Time - (Preschooler)

A four-year-old waking up from his nap asks where his mother has gone. The mother informed you she was going home for a short while and would return early in the evening. An appropriate response to the child's question would be:

1. "Your mother will return in a few hours."
2. "Your mother will return soon."
3. "Your mother will return about the time you have dinner."
4. "Your mother will return around 6 o'clock tonight."

Play - (Toddler)

A three-year-old is progressing well from a recent hernia operation. The physician has written discharge orders for the next morning. The child seems restless and bored with the few toys the mother has brought in. Your unit has an abundant supply of toys for patients. Which of the following would you choose?

1. fingerpaints
2. Ladders and Chutes (board game)
3. videogames
4. train set

Psychosocial Development - (Infancy)

A nursing intervention which demonstrates understanding of Erikson's first stage of psychosocial development is:

1. putting a mobile within eyesight of the infant
2. bathing the child by immersion into a basin of warm water
3. holding a child during feedings
4. avoiding introduction of more than one new food at a time

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Preoperative Preparation - (School Age)

A ten-year-old is admitted for a tonsillectomy. Which of the following preparation sessions for surgery would be appropriate for her?

1. Discussion of surgery with anatomical drawings of the tonsillar area of the mouth.
2. Read her a story about a little child who goes to the hospital for surgery.
3. Show her a film in which a child is depicted in the recovery room.
4. Use dramatic play with dolls dressed as hospital personnel and patients.

Psychosexual

Which of the following behaviors is characteristic of pre-schoolers' psychosexual stage of development?

1. irritable behavior due to limits imposed for bowel and bladder control
2. self-stimulation activities (i.e. masturbation) which the child finds pleasurable
3. child demonstrates openly preference and affection for opposite-sex parent
4. children develop close friendships with same sexed peers

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